MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10844

# CERTIFICATE OF DEATH

Reg. Dist. No. 280

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY KENT — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D GOLTS, MD | LENGTH OF STAY (in this place) 31 YEARS
   HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D GOLTS, MD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. GOLTS, MD.
   STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MATTIE (Middle) (Last) ALLEN

4. DATE OF DEATH: (Month) NOV (Day) 16 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: MAY 2 1895

9. AGE last birthday: 54 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): GA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: STEVEN D. MEDLEY

14. MOTHER'S MAIDEN NAME: MARTHA SMITH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: GEORGE ALLEN, R.F.D GOLTS, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ACUTE CARDIAC DILATATION — 1 DAY

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 443 93d

(b) CHRONIC HYPERTENSION — 10 YEARS

(c) CRRONIC MYOCARDITIS — 10 YEARS

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC 10, 1939, to NOV 16, 1949, that I last saw the deceased alive on NOV 16, 1949, and that death occurred at 8.20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Allen R. Cruikshank M.D. — ADDRESS Middletown, Del — DATE SIGNED 11-19-49

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE NOV 22-1949 | NAME OF CEMETERY OR CREMATORY DALE CEMETERY | LOCATION (City, town, or county) (State) MIDDLETOWN, DEL.

DATE REC'D BY LOCAL REG. NOV 22 1949 | REGISTRAR'S SIGNATURE Edward Fellows.

24. FUNERAL DIRECTOR Preston O. Falk. — ADDRESS 822 Pine St. Wil. Del.

RECEIVED
NOV 28 1949
U. S. BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

10845

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write BORAL and give nearest town) OR TOWN Worton R.F.D. | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Md. Mt. Lower Church
STREET ADDRESS (If rural, give location) Worton R.R.

3. NAME OF DECEASED (Type or Print): (First) Emanuel (Middle) A. (Last) Bakker
4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 1949
5. SEX Male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH March 28-32 | 9. AGE last birthday 17 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Kent Co. Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Bernhard Bakker | 14. MOTHER'S MAIDEN NAME Emma Bartz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Emma Bartz Worton R.R.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lead shot worms in G.I. Ulcer
919.0
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ulcer of short bowel, Perforating of ulcer
184
and Peritonitis then pneumonia Bron.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Having a Lead gun in truck

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident | PLACE (Home, farm, factory, street, office Bldg., etc.) OF INJURY Home | (CITY OR TOWN) Worton R.R. | (COUNTY) Kent | (STATE) Md.

TIME OF INJURY (Month) Nov. (Day) 19 (Year) 49 (Hour) 3:30 p.m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? Gun.

22. I hereby certify that I attended the deceased from Md Medical Assembly, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank W. Smith | ADDRESS Chestertown Md. | DATE SIGNED Nov 21 49

23. BURIAL CREMATION REMOVAL (Specify) Burial | DATE Nov. 22/49 | NAME OF CEMETERY OR CREMATORY Chester Cemetery | LOCATION (City, town, or county) (State) Chestertown, Maryland.

DATE REC'D BY LOCAL REG. Nov. 22-1949 | REGISTRAR'S SIGNATURE Clara L. Barnes. | 24. FUNERAL DIRECTOR Wm. V. Williams - Chestertown, Md. | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10846

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Kent MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) All Life | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural, give location) Philosophic Terrace |

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) Sudler (Last) Baxter

4. DATE OF DEATH (Month) Nov. (Day) 5 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Jan. 14, 1871

9. AGE last birthday 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (State or foreign country) Church Hill Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME J. T. Baxter

14. MOTHER'S MAIDEN NAME Martha Sudler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Margaret Wallace Baxter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 151 | Immediate cause | (a) Carcinomatosis | 2 months |
| 466 | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Carcinoma of stomach | 6 months |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION August 1949

19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-16, 1949 to 11-5, 1949 that I last saw the deceased alive on 11-5, 1949, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE Robert Barr (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 11-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Nov. 7 1949 — NAME OF CEMETERY OR CREMATORY Church Hill — LOCATION (City, town, or county) Church Hill — (State) Maryland

DATE REC'D BY LOCAL REG. Nov. 7 — 1949 — REGISTRAR'S SIGNATURE Clara S. Barnes, — 24. FUNERAL DIRECTOR Marvin V. Williams — ADDRESS Chestertown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 9 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10847

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Kent — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent and Queen Ann's

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED (Type or Print)**: (First) Edward (Middle) Harvey (Last) Brice

**4. DATE OF DEATH**: (Month) November (Day) 8 (Year) 1949

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)**: Single

**8. DATE OF BIRTH**: 12-26-28

**9. AGE last birthday**: 20 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**: None

**10b. KIND OF BUSINESS OR INDUSTRY**: None

**11. BIRTHPLACE (State or foreign country)**: Maryland

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13. FATHER'S NAME**: John Harvey Brice

**14. MOTHER'S MAIDEN NAME**: Alice Parsons

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)**: No — (If year, give war or dates of service): No

**16. SOCIAL SECURITY NO.**: No

**17. INFORMANT**: Hospital Records

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset and Death |
|---|---|---|---|
| 550.0 | Immediate cause | (a) Paralytic ileus | 8 days |
| 121 | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Appendicitis | 4 days |
| | | (c) | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Progressive lenticular degeneration | 14 years |

**19a. DATE OF OPERATION**: 11-3-49

**19b. MAJOR FINDINGS OF OPERATION**: Acute appendicitis

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE (Specify)**

**PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** (CITY OR TOWN) (COUNTY) (STATE)

**TIME OF INJURY (Month) (Day) (Year) (Hour)** m.

**INJURY OCCURRED** While at Work ☐ Not While At work ☐

**HOW DID INJURY OCCUR?**

**22.** I hereby certify that I attended the deceased from 11-3, 1949, to 11-8, 1949, that I last saw the deceased alive on 11-7, 1949, and that death occurred at 12 45/A m., from the causes and on the date stated above.

SIGNATURE: A. C. Dick, M.D. (Degree or title) — ADDRESS: Chestertown, Md. — DATE SIGNED: 11-8-49

**23. BURIAL, CREMATION, REMOVAL (Specify)**: Burial — DATE: Nov. 10, 1947 — NAME OF CEMETERY OR CREMATORY: St. Paul Cem. — LOCATION (City, town, or county) (State): near Chestertown Md

DATE REC'D BY LOCAL REG.: Nov. 9-1949 — REGISTRAR'S SIGNATURE: Clara L. Barnes.

**24. FUNERAL DIRECTOR** — ADDRESS: J. Willis Wells, Chestertown, Md.

RECEIVED
NOV 11 1949
BUREAU V. B.

Evidence for addition of #9 shown on:-

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10848

# CERTIFICATE OF DEATH

Reg. Dist. No. 201

FILM No. G 123 DEC 5 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Kent Co · STATE: MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Rural Worton Md · COUNTY: Kent |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Worton Md · LENGTH OF STAY (In this place): 35 years | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Worton Md |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: — | STREET ADDRESS (If rural give location): Worton Md |

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Nellie | E | Brooks | Nov | 9 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | C | Widow | unknown | 66-70 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Home | Home work | U S A | yes |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Mack Black | Margaret Forman |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| no no | — | George H Brooks |

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 **Immediate cause** (a) cerebral Hemorrhage

92d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) chro. Endo-Myocarditis Hypertension

(c) Paralysis of L side

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| — | — | Yes ☐ No ☑ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| — | — | — | — | — |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| — | — | — | m. | — | — |

22. I hereby certify that I attended the deceased from 11/9/49 19m, 19..., to 11/9, 19..., that I last saw the deceased alive on 11/9, 1949, and that death occurred at 5 15 P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Albert A. Burgard | M.D. | Rock Hall, Md | 11/11/49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | Nov 12 1949 | Colemans | Rural Worton | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 11/11/49 | E Kennard Jones | B. R. Fellows | Still Pond Md |

VS. A15

RECEIVED
NOV 29 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10849

# CERTIFICATE OF DEATH

Reg. Dist. No. 204

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairlee; LENGTH OF STAY (In this place) 2½ yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~Charles B~~ Fairlee, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairlee; STREET ADDRESS (If rural, give location) Chestertown R.D. # 2

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) B. W. (Last) Chapman

4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 2 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Ammunition Co.

11. BIRTHPLACE (State or foreign country): Perryman Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: (Late) Rev. Isaac Chapman

14. MOTHER'S MAIDEN NAME: (Late) Edmonia Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 045-01-7772

17. INFORMANT: Boyd Reid Chapman Wife Fairlee

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 20 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary sclerosis with Congestive Heart Failure

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31, 1949, to Nov 30, 1949, that I last saw the deceased alive on Nov. 30, 1949, and that death occurred at 5.10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank H. Smith — ADDRESS: Chestertown Md — DATE SIGNED: Dec 1/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Dec. 3, 1949 | NAME OF CEMETERY OR CREMATORY: St. Georges Parish | LOCATION (City, town, or county) (State): Perryman Harford Co. Md.

DATE REC'D BY LOCAL REG.: Dec. 1949 | REGISTRAR'S SIGNATURE: Frank H. Smith | 24. FUNERAL DIRECTOR: Marvin V. Williams — ADDRESS: Chestertown Md.

VS. A15

RECEIVED
DEC 3 1949
BUREAU OF S.

#3

10850

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent Betterton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Betterton md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton md
STREET ADDRESS (If rural give location) Ericson ave

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) (Last) Crew

4. DATE OF DEATH (Month) Nov (Day) 20 (Year) 1949

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Feb. 7, 1872
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Work
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Betterton md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John H Crew
14. MOTHER'S MAIDEN NAME Martha Cunningham.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 216-12-1508
17. INFORMANT Mrs Harry Crew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

611 Immediate cause (a) Hypostatic pneumonia

137b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Long Confinement in bed with prostatitis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ no No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20 Pm 1949, to Nov 20 Pm, 19....., that I last saw the deceased alive on Nov 20, 1949, and that death occurred at 10 30 P m., from the causes and on the date stated above.

SIGNATURE James Edwin Dedman (Degree or title) MD ADDRESS Betterton DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 23/49
NAME OF CEMETERY OR CREMATORY Still Pond cemetery
LOCATION (City, town, or county) Still Pond (State) Maryland

DATE REC'D BY LOCAL REG. 11/23/49
REGISTRAR'S SIGNATURE E Kennard Jones.
24. FUNERAL DIRECTOR B R Fellows ADDRESS Still Pond Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 29 1949
BUREAU

10851

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 204

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY Kent — MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Rock Hall COUNTY Kent |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sale Farm — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN - |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS - Rock Hall R R | STREET ADDRESS (If rural give location) |

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Frazier — 4. DATE OF DEATH (Month) Nov. (Day) 1st (Year) 1949

5. SEX Male — 6. COLOR OR RACE White — 7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) — 8. DATE OF BIRTH May 2 - 1884 — 9. AGE last birthday 65 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY Laborer — 11. BIRTHPLACE (State or foreign country) Kent Co — 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME James Laurence Frazier — 14. MOTHER'S MAIDEN NAME Sarah A. Morton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. ✓ — 17. INFORMANT Mrs Sadie Vine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suggest Cardiac from history — sudden

434.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Dyspnea: Chronic Indigestion! — years

95c (c) Shoveling Corn Suddenly Collapsed & ~~[illegible]~~ — sudden

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 19 to Medical, 19 Attention, that I last saw the deceased alive on ....., 19...., and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE Frank W Smith — (Degree or title) Deputy Medical Examiner — ADDRESS — DATE SIGNED Nov. 1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Nov 4-49 — NAME OF CEMETERY OR CREMATORY Wesley Chapel — LOCATION (City, town, or county) Rock Hall (State) Md

DATE REC'D BY LOCAL REG. Nov 4. 1949 — REGISTRAR'S SIGNATURE Frank W Smith — 24. FUNERAL DIRECTOR Edgar L Lane — ADDRESS Church Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10852

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Q.A.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elmer Octavious (Middle) (Last) Jones

4. DATE OF DEATH (Month) November (Day) 27 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 3-30-03

9. AGE last birthday 46 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mailman and truck driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Worton-Kent Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Medford Jones

14. MOTHER'S MAIDEN NAME Ida Joiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Bleeding esophogeal varicosities | 20 hrs. |
| 581.0 Antecedent cause(s) 1248 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cirrhosis of liver | 8 mos. ? |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-27-49 19..... to 11-27-49 19....., that I last saw the deceased alive on 11-27-49, 19....., and that death occurred at 4. P. m., from the causes and on the date stated above.

SIGNATURE A. C. Sick (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 11-27-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE Nov. 30 1949 NAME OF CEMETERY OR ~~CREMATORY~~ St. Johns - Catholic LOCATION (City, town, or county) (State) Rock Hall - Maryland

DATE REC'D BY LOCAL REG. Nov. 28-1949 REGISTRAR'S SIGNATURE Clara L. Barnes

24. FUNERAL DIRECTOR ADDRESS Marvin V. Williams - Chestertown Md.

RECEIVED
NOV 30 1949
BUREAU V. S

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10853

# CERTIFICATE OF DEATH

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Owen (Middle) Gilpin (Last) McTimmons

4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: April 7 1944 | 9. AGE last birthday: 5 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Rock Hall | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Milford K. McTimmons | 14. MOTHER'S MAIDEN NAME: Regina Hyland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT: Mrs Regina Hyland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

295 Immediate cause (a) Secondary Anemia

72b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemoglobinuria

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Frequent attacks of bleeding

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION: None. Transfusion of blood | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1 a m., from the causes and on the date stated above.

SIGNATURE: Harold Smith (Degree or title) | ADDRESS: Queenstown | DATE SIGNED: Nov. 9/49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: Nov 11-49 | NAME OF CEMETERY OR CREMATORY: Bunn | LOCATION (City, town, or county) (State): (Near) Barclay

DATE REC'D BY LOCAL REG.: Nov 10/49 | REGISTRAR'S SIGNATURE: S. Elwood Burgess

24. FUNERAL DIRECTOR: Edgar L Lane | ADDRESS: Church Hill Md

RECEIVED
NOV 28 1949
BUREAU V. S.

10854

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) Heine (Last) O'Neil
4. DATE OF DEATH (Month) Nov. (Day) 15 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Sept 24 1875
9. AGE last birthday: 74 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry William Heine
14. MOTHER'S MAIDEN NAME: Frances Elizabeth Ray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Record Aug 17. 1948. Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Apoplexy

600.0 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Pylitis with Hypertension 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Found dead on kitchen floor.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from No Medical attention, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at About 12 noon m., from the causes and on the date stated above.

SIGNATURE: Frank C Smith (Degree or title) ADDRESS: Chestertown Defect Medical Exam. DATE SIGNED: Nov. 14/49

23. BURIAL, CREMATION, REMOVAL (Specify): DATE: Nov. 14-1949 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel — LOCATION (City, town, or county): Rock Hall (State): Md.

DATE REC'D BY LOCAL REG.: Nov 14-49 — REGISTRAR'S SIGNATURE: S. Elwood Bingen
24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
NOV 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10855

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Worton R.R. — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: (Near) Green Point Landing

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Worton R.R.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Bacon (Last) Rasin
4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED,~~ DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Nov. 9 1893
9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Driver
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Mail
11. BIRTHPLACE (State or foreign country): Worton, Kent Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Perry B. Rasin
14. MOTHER'S MAIDEN NAME: Henrietta Sewell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: George B. Rasin (Son) Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Burned to death

916.0 Antecedent cause(s)

180 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probably suffocation

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Trailer - usual abode.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Trailer — (CITY OR TOWN) Green Point Farm — (COUNTY) Kent — (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 11 - 1949 3A m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Fire destroyed trailer. Ignited by oil stove

22. I hereby certify that I attended the deceased from no medical attention, 19 to 19 that I last saw the deceased alive on 19, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE: Frank C. Whitte — (Degree or title) M.D. — ADDRESS: Chestertown Medical Examiner — DATE SIGNED: Nov 11

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Nov. 13, 1949 — NAME OF CEMETERY OR CREMATORY: Chester Cemetery — LOCATION (City, town, or county): Chestertown — (State) Maryland

DATE REC'D BY LOCAL REG.: Nov. 13-1949 — REGISTRAR'S SIGNATURE: Clara S. Barnes. — 24. FUNERAL DIRECTOR: Marvin V. Williams — ADDRESS: Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10856

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton R.D; LENGTH OF STAY (in this place) all life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Butlertown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Butlertown; STREET ADDRESS (If rural, give location) Worton R.D.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Ringold

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept 2 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hired Labor

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Worton Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Ringold

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No.

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Public Welfare Records - family records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) chronic endo-myocarditis, decompensation — Interval between onset and death:

443 Antecedent cause(s) 92d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/5, 1949, to 11/25, 1949, that I last saw the deceased alive on 11/23, 1949, and that death occurred at 6.00 P m., from the causes and on the date stated above.

SIGNATURE: A A Burgard (Degree or title) M.D. ADDRESS: Rockhall, Md. DATE SIGNED: 11/26/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Nov. 28/49

NAME OF CEMETERY OR CREMATORY: Butlertown

LOCATION (City, town, or county) (State): Cemetery near Worton, Kent Co. Md.

DATE REC'D BY LOCAL REG.: Nov. 28-1949

REGISTRAR'S SIGNATURE: Clara S. Barnes

24. FUNERAL DIRECTOR: Marvin C. Wilhaim

ADDRESS: Chestertown, Md.

VS. A15

RECEIVED
NOV 30 1949
BUREAU V. S.

10857

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY Kent MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Kent |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown — LENGTH OF STAY (In this place) life | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown Rural |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS Rural (If rural give location) |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Frank | (Middle) O | (Last) Sutton | 4. DATE OF DEATH | (Month) Nov (Day) 18, (Year) 1949 |
| 5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH Sept. 22, 1910 | 9. AGE last birthday 39 yrs. | If under 1 year Months / Days; If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | 10b. KIND OF BUSINESS OR INDUSTRY farm | 11. BIRTHPLACE (State or foreign country) Chestertown, Md. | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME Linwood Sutton | 14. MOTHER'S MAIDEN NAME Nettie Hersch | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT Mrs. Rose Sutton Wife | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Frequent Complaint of chest pain — I year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Out in boat-ducking suddenly collapsed

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from No Medical Attention, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank W Smith Chestertown Deputy Medical Examiner Nov 19/49

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Nov. 21, 1949 | NAME OF CEMETERY OR CREMATORY St. Paul Cemetery | LOCATION (City, town, or county) (State) near Chestertown, Md. |
| DATE REC'D BY LOCAL REG. Nov. 19-1949 | REGISTRAR'S SIGNATURE Clara S. Barnes. | 24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10858

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY Kent MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Kent |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown — LENGTH OF STAY (in this place) life | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural, give location) Rural Route |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) James | (Middle) Henry | (Last) Thomas | 4. DATE OF DEATH | (Month) Nov. (Day) 27 (Year) 1949 |
| 5. SEX male | 6. COLOR OR RACE colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single | 8. DATE OF BIRTH Nov. 15, 1949 | 9. AGE last birthday no yrs. | If under 1 year Months 0 Days 12 — If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (State or foreign country) Chestertown, Md. | 12. CITIZEN OF WHAT COUNTRY USA | | |
| 13. FATHER'S NAME William Thomas | | 14. MOTHER'S MAIDEN NAME Parzeda Harrison | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service) no | 16. SOCIAL SECURITY No. no | 17. INFORMANT AND ADDRESS Wm. Thomas - Chestertown, Md | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature birth — 12 days

776 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 11-15, 1949, to 11-27, 1949, that I last saw the deceased alive on 11-27, 1949, and that death occurred at 10 30 a m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| [signature] | M.D. | Chestertown, Md. | 11/28/49 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Nov. 28, 1949 | NAME OF CEMETERY OR CREMATORY Quaker Neck (Col.) Cem | LOCATION (City, town, or county) (State) Chestertown, Md. |
| DATE REC'D BY LOCAL REG. Nov. 28-1949 | REGISTRAR'S SIGNATURE Clara S. Barnes. | 24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 30 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

10859

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall, Rural
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS East Neck Island

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location) Rural - East Neck Island

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Charles (Last) Willson

4. DATE OF DEATH: (Month) Nov. (Day) 4, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: April 6, 1885

9. AGE last birthday: 64 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wilfred Willson

14. MOTHER'S MAIDEN NAME: Anna Willson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY No.: No

17. INFORMANT AND ADDRESS: Miss. Bessie Willson (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163 Immediate cause (a) Pulmonary Abscess (possible Ca) — Interval Between Onset and Death: 8 months

Antecedent cause(s)

922 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ (c) Herpes Zoster, chron Endocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11, 1949, to 11/4, 1949, that I last saw the deceased alive on 11/4, 1949, and that death occurred at 2.50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert G. Burgard M. D. Rock Hall, Md 11/6/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Nov. 7, 1949

NAME OF CEMETERY OR CREMATORY: St. John's Cem.

LOCATION (City, town, or county) (State): Rock Hall, Maryland

DATE RECD BY LOCAL REG. 11/7/49.

REGISTRAR'S SIGNATURE: L. Elwood Bruger

24. FUNERAL DIRECTOR ADDRESS: J. Willis Wells, Chestertown, Md.

RECEIVED
NOV 11 1949
BUREAU V. S.